



# South Coast Air Quality Management District

21865 E. Copley Drive, Diamond Bar, CA 91765-4182

Monitoring & Analysis Division ♦ Source Test Engineering Branch (909) 396-3479

## CONTINUOUS EMISSIONS MONITORING SYSTEM (CEMS)<sup>1</sup> CHANGE-OF-OWNERSHIP FORM ST-210

Please fill out the requested information below, as completely as possible, and return it to the District c/o the Source Evaluations Branch. If additional space is required, attach supplementary pages to the end of this form. (This form is also available on disk in MS-Word97 format)

### 1. APPLICANT AND COMPANY INFORMATION:

Facility ID No:  Old ID No:

Old Facility Permit Holder : \_\_\_\_\_  
\_\_\_\_\_

Old Mailing Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

New Facility Permit Holder : \_\_\_\_\_  
\_\_\_\_\_

New Mailing Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<sup>1</sup> This application also applies to Semi-Continuous CEMS or SCEMS, Fuel Sulfur Monitoring Systems (FSMS), "Associated" SO<sub>x</sub> CEMS, and Alternative CEMS (ACEMS) such as Predictive Emissions Monitoring Systems (PEMS), allowed under RECLAIM.

Equipment Location : \_\_\_\_\_  
 (Also include Company Name if different  
 from Business License Name listed above) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

New Company Contact : \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## 2. CEMS SOURCE MONITORING INFORMATION

(Complete the information requested on *Appendix A*, using the source information shown on your Facility Permit to Operate, Application, or Permit Conditions. Attach additional copies if required).

### 3. CEMS CHANGE-OF-OWNERSHIP BILLING

(Complete the information requested on attached *FORM ST-400* regarding payment of fees for CEMS Change-of-Ownership. Follow the fee schedule shown on the back of *FORM ST-400* according to District Rule 301(i)(5)(E), calculate the total fee for facility change-of -ownership, and attach a check for the total amount, along with these forms).

SIGNATURE OF COMPANY REPRESENTATIVE			
SIGNATURE: _____		DATE: _____	
_____ ( NAME )	_____ (TITLE)	_____ (PHONE)	_____ (DATE)

( S C A Q M D   U S E   O N L Y )

<b>E&amp;C Verification</b> (Applicant/Company information is correct): <span style="float: right;"> <input type="checkbox"/> YES           <input type="checkbox"/> NO         </span>	
<b>E&amp;C Comments:</b> _____	
_____ (SSC ENGINEER)	_____ (UNIT)
SE Form ST-400 to Finance: <span style="float: right;">           _____            (DATE)         </span>	
<span style="float: right;">           _____            (SE ENGINEER)         </span>	

Complete the information requested below using the source information shown on your Facility Permit to Operate, Application, or Permit Conditions for all sources at this Facility ID required to have CEMS. Leave “New CEMS Information” blank, if the source names or designations are to remain unchanged. Do not use this form for adding a new CEMS, or modifying an existing CEMS:

[illegible]

[illegible]